

[P. 463-A]

Teklum

000 cept the verdict or to avenge the killing.

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128 In selecting a single motive in categorizing the killer and the reason for his act, I have distorted reality more than in the other tabulations. Motivations include both the instrumental reason and the rationalization for the act. The complexity of motivation is correlated with the multiplicity of social ties existing between any two people. For example, when a man shoots his father for failure to provide him with his bride price, but feels justified and expects social approval because his mother on her deathbed accused the father of having provoked her illness by witchcraft (case 36, Table 1), it is impossible to assign a single primary cause. However, in order to correlate the factors of agent and motive, I have been forced to select only a single feature in categorizing them.

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• 75 In one-half of all the cases reported, the motive attributed for homicide is suspicion of witchcraft. (Whether or not witchcraft is ever practiced here is irrelevant since men act in terms of their interpretation of an event, not of the event itself.) Almost all sickness in the community is believed to be caused by witchcraft (the term for witch and witchcraft, *ʔakʔamel*, means "giver of sickness"). The family of a sick person consults the local curers, who pulse the patient. The witch "has left his signature in the blood" of the patient, and by pulsing him the curer can "hear and feel" who the witch is. His procedure is to ask the patient to tell what troubles he has had with his neighbors and relatives, and as the patient recites the names of the people with whom he has had conflict, the pulse jumps. As in the use of the lie detector, this indicates where there is high affect; in Teklum it is interpreted as positive indicator of the guilty person, the witch. If the curer gets drunk enough, he may reveal the name of the witch, but he usually prefers not to—I know of at least three cases, one of which is reported here, in which the man who announced the name of the witch was killed by the person he accused. The family may then check the consultation with curers in neighboring towns or even in the departmental capital. Since these distant curers are not inhibited by fear of the witch, they name the guilty one. The family, or the patient, may broadcast their suspicions, even announcing the consultation over the loudspeakers in the local liquor shops. If the patient dies, a member of the family may act on

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682 these suspicions and kill the witch. If he should
694 kill the witch while the patient is still alive, it
75 is believed that the patient will die.

682 Killing men for cattle theft (six cases) is a
685 relatively recent occurrence. It has put homi-
674 cide on the market: the associations of
[463] cattle-owners have hired killers in three of the
[697] six cases. In addition to the killer's fee, they
pay the fine to release him from prison. Fines
for homicide have increased in the past five
years—from 1,000 to 3,000 pesos—but not
sufficiently to price the murder of cattle
thieves out of the market. A good bull is worth
1,500 pesos, and the threat of further loss by
theft seems to justify the expenditure of fees
and fines. When the cattle-owners lose some
of their herd, they go to spiritualists or to San
Miguel, the talking saint of Ixtapa, to find out
who did the stealing. Since such evidence does
not hold up in court, legal settlement is not
attempted. Legal action, moreover, would
create an enemy who might seek revenge. A
Ladino secretary of the town center who had
lost a bull accused a man of stealing his cattle
and demanded 500 pesos in compensation. By
receiving the money he jeopardized his safety,
and eventually he had to leave town.

The Resolution of the Case

682 It is nearly impossible to find witnesses to
69 homicide. Of these 37 cases, 28 resulted in no
action being taken by the authorities, and in
five cases where the killers went to jail, they
were released with the payment of minimal
fines. In the calculations of the townspeople, it
is hardly worth risking one's neck to get such a
minimal revenge.

682 However, this does not mean that homicide
593 goes unnoticed in the community. After a
626 killing the widow sings of the life of the dead
[683] man. If she is in agreement with the verdict
arrived at by the killer and others, she will
deny knowledge of what he has done, or even
suggest that she too was aware of what harm
he has caused (one widow implied that her
husband, killed as a witch, was responsible for
the death of four of her six children). If she
objects to the verdict, she sings of what a good
man he was and how blameless. She will then
air her own suspicions in the following weeks as
to who killed her husband.

682 Following the funeral, when the women
683 have left the cemetery, the men sit at the
627 grave. As they measure out a liter of liquor and
pass it around, they advance hypotheses as

CHAPTER IV

DRINKING PATTERNS ASSOCIATED WITH GETTING SICK AND DYING

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Illness is probably the least well-controlled variable in Aguacatenango planning. As such, it is a recurrent event in the lives of Aguacatenangueros, and its implications are serious.

The household, the most complex and long-enduring organizational effort of Aguacatenangueros, may be destroyed by the death of one of its adult members. Extreme illness may cause a family to close up its house and leave town altogether. Any illness is potentially a severe strain on family resources.

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[764] Drinking is intimately associated with illness: it figures in the etiology of illness; it is central in the procedures used to reduce illness as a basis for inference and action; and finally, it is an important instrument of expression of mourning should the ill individual die. After a brief description of the [128] "theory of illness" in Aguacatenango, we will show how drinking is related to this theory and to its behavioral expression.

753 Or, "the man is suffering from malaria which he got in hot country the last time he went to the fincas." Or, "the man's spirit is being eaten by a witch, Mr. X, who is angry with him because he did not pay back the money he owed." Every after-the-fact description of antecedent conditions implies a cause and effect relation such that the cause can be manipulated so as the patient will recover from the illness. After-the-fact descriptions of the sources of disease processes are never final since they are always dependent on (a) the further development of the disease process in the patient and (b) the confirmation in the identification of the source of illness by a successful attempt to reduce the effect of the source. If manipulation of the hypothesized source reduces the illness, the diagnosis of source is concluded to be correct; if not, further source potentials are searched for.

There is relatively little explicit procedural apparatus for adding to the inventory of after-the-fact explanations, and there are relatively few devices for modifying the modes of identification of the cause of the disease process. If a change capability is built into this theory of illness in Aguacatenango, it is not easy to detect wherein it lies.¹

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¹The modes of change that we have observed in Aguacatenangueros' response to illness have involved shifts from known medical practitioners to others, where the theory remains relatively unexplicated and the results of the medical practitioner's

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Informants report experiencing a variety of sensed states as a disease process begins. Among these are depression (mental), cough, dry throat, diarrhea, fever, vomiting, stomach ache, loss

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progress are used to judge the probability of opting some particular medical practitioner for a cure rather than some other. Response to illness involves the principle of exhaustion of resources. In severe illness, the family of the patient may exhaust all known medical practitioners who are thought to have sufficient knowledge and skill and also may exhaust all means for motivating curers to come and perform the cure. With the diminution of resources and exhaustion of the most proper curers, the family of the patient explores curing sources whose potential for curing may be lower, but still appreciable. Successful curing under such circumstances raises the probability that this family will use some newly successful medical practitioner sooner in the next onset of illness, that is, he will be called upon before they have exhausted their resources. The introduction of INI medical practice into Aguacatenango has been in these terms, namely, that patients and their families have turned to INI medical personnel upon the exhaustion of their resources. INI procedures have maintained a ratio of successes over failures in these curing circumstances such that they have continued to be called upon, in some cases under less extreme conditions. The ratio of successes over failures has not been so great, however, that INI is seen to be a totally satisfactory replacement for the more well established practitioners. Furthermore, INI treats only a small proportion of the total range of "illnesses" that occur in the community. INI will increase the proportion of cases it treats as it modifies the Aguacatenangueros' perception of the success/failure ratio and as it increases the classes of illness that it deals with. It may be the case that INI has at present a maximal investment in time and resources in maintaining its present range and success proportion, so future severe changes may not be expected from them. There is, however, some generalization to other INI type of curers--namely, doctors in San Cristobal. The generalization here may increase the use of doctors over curers. There is the further possibility that curers are incorporating into their theories some of the simpler strategies used by doctors. This is done so crudely that it hardly involves change of beliefs at any detailed level, but rather involves a simple increase of the inventories of medicine by means of which the curer implements his theory.

753 statement would be that the names of illnesses are reflexes of all these pressures.

757 Curing strategies more or less line up with this symptom-illness distinction. The early stages of a disease process are handled by medicine, the appropriate form of which and access to which, most adults in Aguacatenango control. For example: for stomach gas, give bicarbonate soda with lime (to drink); for a cough, give boiled brown sugar (to drink); for nausea and headache give té limon. As the combination of "symptoms" increases in the later stages of a disease process, most adults lose control over knowledge of the proper array of medicines and rituals. These in turn become combinatorially more complex. It is at these later stages of the disease process that curers and doctors are called in.

756 Curers and doctors differ most obviously in that doctors
759 are ladinos and curers tend to be Indians (although ladino curers are known). In addition, they deal with illnesses in sufficiently contrastive ways so that two role identifying labels must be
• 75 maintained. They are both recognized to be able to reduce illness (as a basis for further inference and action) by prescribing medicines that can be purchased in the pharmacy. These may be taken orally, injected, or applied as a salve. The doctor further prescribes and may himself perform some minor surgery, X-ray examinations, and other traditional Western-European

- 75 strategies for diagnosing and reducing illness. The curer does not engage in surgery, nor does he prescribe any of the more complex testing procedures whose results he does not imagine himself to be able to interpret. Instead, he recommends additional substances he purchased from the pharmacy such as tallow, wines, herbs in aguardientes as well as substances which are sometimes found in domesticated state, and more often found wild in the general vicinity of Aguacatenango. These include some kinds of flowers, bark, leaves, roots, stems, flesh of animals and fishes, animal waste products, eggs and so on. These substances are variously taken orally, applied externally, or inhaled as steam. Unlike doctors, curers practice bleeding and cupping; they also administer some medications in the form of steam while the patient is seated on a platform over a fire. They incorporate adornment of the sick-bed into curing ritual. The ritual may also include prayer. Most important, perhaps, the curers undertake to examine the recent life history of the individual who is ill, in terms of the possibility that the individual has encountered some disease producing entity which can explain, in his particular case, the onset of the disease process. There is no illness for which the curer does not have an explanation together with a set of strategies for dealing with it. At present, at least one curer, when confronted with very serious cases, will refer his patient to a doctor, but this does

• 75 not yet appear to be a popular alternative. Generally, the doctor is the last of all medical practitioners referred to in exhausting the curing options in Aguacatenango, though individuals who have had a successful relationship with the doctor are more 756 likely to pursue that option sooner. The only other major class of medical practitioner is the talking saint. Talking saints are more or less representational images of saints who, in conjunction with their "owners" can actively consult with human beings about their trials and tribulations in the world. The most powerful of this class, San Miguel of Soyaló, is about an eight hour trip and a 200 peso fee from Aguacatenango. Talking saints share more features with the curers than they do with doctors. They, like the curers, are predestined by God to their role, [755] but they more directly represent God's omniscience. The cure of the talking saint is more powerful as can be measured by the greater expenditure of funds for such a cure, or as can be measured by his greater ability to divine in the life history of the patient the principal sources of illness.

128 Admitting then, that illness has general characteristics as described above, we turn our attention to the multiple relations between illness and the drinking of aguardiente.

TABLE 22. Types of Diseases, Medication, and Curing Agents

Category of disease	Etiology	Cure	Medication	Curing
Bad illnesses	Witchcraft	"Taking out the evil"	Cold medicines and bathing with cold herbs	Curer, doctor, and/or druggist
Hot illnesses	Caused from start by witchcraft May start as "good disease," and become entry for witchcraft	tamohel (soul calling)		
madness				
headache, dysentery				
diarrhea, yellow fever				
Cold illnesses	Caused from start by witchcraft	tamohel	Alternating hot and cold liquids	
swelling	May begin as "good disease" and become entry for witchcraft	tamohel and bleeding		
diarrhea, white rheumatism				
Hot and cold illnesses	May start as "good disease" and become entry for witchcraft	tamohel		
chills and fever				
Good illnesses				
Hot illnesses			Apply cold leaves, remove tooth	L.N.I. nurse
toothache				

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"embarrassment"	Any embarrassing incident will later result in swelling of limbs or surface cuts	bathing in springwater		
Cold illnesses broken bones				
"two hearts"	Spiritual depression and malaise resulting in illness	pull, tie with splint tamohel		Bone-setter Curer
"soul fear"	Fearful incident, fall, may result in fear of soul or loss of soul	tamohel		Curer
Illnesses of God Hot illnesses contagious diseases: measles, whooping cough, influenza	Given by God	Formerly required tamohel. Now only a few call in curer	Patent medicines: aspirin penicillin	I.N.I. doctor, and curer
epidemic illnesses	Given by God, but when many begin to die, suspect witchcraft	Gathering of curers to "take out evil"	Patent medicines: aspirin penicillin	Curer

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184 vis-à-vis their husbands and male kinmen, while in Aguacatenango,
182 it makes them economically dependent, and subordinates from a rural
462 point of view. In one case females inherit as men do, in the
592 other, inheritance follows a male line. In one case, they control
562 the same property as men do, in the other, they control only
434 marginal property.
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(3) The relative importance of a man's labor versus a
184 woman's labor within the domestic unit affects residence. In
182 Aguacatenango, where all important productive activities are in
462 the hands of men, residence is patri-virilocal, and only males are
434 residence sponsors regularly. In Amatenango, where productive ac-
591 tivities are in the hands of both males and females, residence is
alternately matri-uxorilocal or patri-virilocal, and both males
and females can become residence sponsors. In Amatenango, house-
holds that depend more on the women's labor in pottery making are
[323] uxorilocal, while households in which the largest part of the do-
[241] mestic group income is derived from agriculture have post-marital
patri-virilocal residence of their members.

184 In Aguacatenango, where all household income is derived
182 from agriculture and residence is patri-virilocal, matri-uxorilo-
434 cality occurs sporadically due to some other economic and non-
591 economic factors: (a) the inheritance of some land in the female
593 line when a daughter structurally replaces a son; (b) the coopera-
428 tive work between father-in-law-son-in-law when they replace the
562 position of father and son for each other; (c) the payment of
602 curing ceremonies and medicines for a sick married woman by her
606 own kin rather than her husband's.
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